

| CLAIMS ONLY | | | | | | |
|---|---------------------|---------|-----------------------|---------|------------------------|-------------|
| Application Number <u>10/081333</u> | | | | | | Filing Date |
| Applicant(s) | | | | | | |
| * May be used for additional claims or amendments | | | | | | |
| CLAIMS | AS FILED R-75-05 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
| 1 | X | X | | | | |
| 2 | X | X | | | | |
| 3 | X | X | | | | |
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| Total Indep. | 4 | | | | | |
| Total Depend. | 12 | | | | | |
| Total Claims | 16 | | | | | |

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| Total Indep. | | | | | | |
| Total Depend. | | | | | | |
| Total Claims | | | | | | |

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments